**BRIAN D. SHAPIRO** E-Filed: October 22, 2018

Debtor(s).

Federal Bankruptcy Trustee 510 S. 8<sup>th</sup> Street Las Vegas, NV 89101 (702)386-8600 trustee@trusteeshapiro.com

### UNITED STATES BANKRUPTCY COURT

# **DISTRICT OF NEVADA**

In re:

CASE NO. BK-S-18-14352 BTB

IN PROCEEDINGS UNDER CHAPTER 7

NOTICE OF ASSETS AND NOTICE TO FILE
CLAIMS

NOTICE IS HEREBY GIVEN, pursuant to Bankruptcy Rule 3002(c)(5), that the Trustee has found assets in this bankruptcy estate from which a payment of a dividend appears possible.

Any creditor holding a claim against the above-entitled estate may file a proof of claim in the

Office of the Clerk of the Bankruptcy Court, 300 Las Vegas Boulevard South, Las Vegas, Nevada 89101.

NOTICE IS FURTHER GIVEN that to be considered for a dividend in accordance with the Rule, a proof of claim must be filed within ninety (90) days after the date of mailing of this notice. The last date to file claims is **January 22, 2018.** 

NOTICE IS FURTHER GIVEN that, pursuant to Local Bankruptcy Rule 2002(7), after the expiration of the claims bar date in a Chapter 7 case, all notices required by Fed R. Bank P. 2002(a), except Fed. R. Bank. P. 2002(a)(4), may be mailed only to creditors whose claims have been filed with the Clerk of the Court and to creditors, if any, who are permitted to file claims by reason of an extension granted under Fed. R. Bank. P. 3002(c)(6).

DATED: October 22, 2018

/s/ Brian D. Shapiro

BRIAN D. SHAPIRO, TRUSTEE

NOTE: CLAIMS ARE TO BE FILED AT THE U.S. BANKRUPTCY COURT, 300 LAS VEGAS BOULEVARD SOUTH, LAS VEGAS, NEVADA 89101 CLAIMS NOT FILED BY THE BAR DATE ARE GENERALLY NOT ALLOWED

I	Case 18-14352-btb Doc 15 Entered 10 Fill in this information to identify the case:	22/18 12:00:06	Page 2 of 4
ı	Debtor 1	-	
	Debtor 2 Spouse, if filing)		
,	United States Bankruptcy Court for the:District of		
(	Case number		

# Official Form 410

# **Proof of Claim**

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

#### Part 1: **Identify the Claim** 1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been No acquired from Yes. From whom? \_ someone else? 3. Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Federal Rule of Name Bankruptcy Procedure (FRBP) 2002(g) Number Street Street State ZIP Code State ZIP Code Contact phone Contact phone Contact email Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): Does this claim amend No one already filed? Yes. Claim number on court claims registry (if known) \_\_\_ MM / DD Do you know if anyone No else has filed a proof Yes. Who made the earlier filing? of claim for this claim?

### Case 18-14352-btb Doc 15 Entered 10/22/18 12:00:06 Page 3 of 4

Give Information About the Claim as of the Date the Case Was Filed

Part 2:

# 6. Do you have any number you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_ \_\_\_ debtor? \_\_\_\_\_. Does this amount include interest or other charges? 7. How much is the claim? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). What is the basis of the Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. claim? Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Is all or part of the claim Nο secured? Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: Amount of the claim that is secured: \_\_\_\_\_(The sum of the secured and unsecured Amount of the claim that is unsecured: \$\_\_ amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed)\_\_\_\_\_% Fixed Variable 10. Is this claim based on a No lease? Yes. Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a No right of setoff? Yes. Identify the property: \_\_\_

12. Is all or part of the claim	· No				
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority			
A claim may be partly priority and partly	<ul> <li>Domestic support obligations (including alimony and child support) under</li> <li>11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</li> </ul>	\$			
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<ul> <li>Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</li> </ul>	\$			
	<ul> <li>Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier.</li> </ul>	\$			
	11 U.S.C. § 507(a)(4).  Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$			
	10.00 01 portained office to got offinional affect 11 0.0.0. g out (a)(0).	Τ			

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)(\_\_) that applies.

\* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

# Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date MM / DD / YYYY

Name

8\_\_\_\_

#### Print the name of the person who is completing and signing this claim:

	First name		Middle name		Last name	
Title						
Company						
	Identify the o	corporate servicer	rized agent	is a servicer.		
Address						
	Number	Street				
	City			State	ZIP Code	

Official Form 410 Proof of Claim page 3